

PTO/SB/22(10-00)
Approved for use through 10/31/2002. OMB 0651-0031
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| f | PETITION FOR EXTENSION OF TI | ME UNDER 37 CF | R 1.136(a) | Docket Number (Opti BB1432 US NA | onal) | |
|--|--|--|----------------------------|-------------------------------------|-------------------------|--|
| Ţ | اليا | In re Application of | Anthony J. Kinney | | | |
| 1 | 割 | Application Number | 09/805,694 F | iled March 14, 200 | 1 | |
| l | To Jan Market Ma | For Hypoallergenic | Transgenic Soybe | ans RI | CEIVED | |
| | R. C. | Group Art Unit 1638 | Examiner S. F. Baum | | | |
| | This is a request under the provision | s of 37 CFR 1.136(a) | to extend the perio | d for filing a | (N 0 2 200 3 | |
| | reply in the above identified applicati | | | _ | ENTER 1600/290 | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | |
| ١ | One month (37 CFR 1 | .17(a)(1)) | | \$ | | |
| l | ☑ Two months (37 CFR) | 1.17(a)(2)) | | \$ <u>400.00</u> | <u>)</u> | |
| | ☐ Three months (37 CF | R 1.17(a)(3)) | | \$ | | |
| ı | ☐ Four months (37 CFF | R 1.17(a)(4)) | | \$ | | |
| ı | ☐ Five months (37 CFR | 1.17(a)(5)) | | \$ | | |
| ı | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown | | | | | |
| | application to a Deposit Accor ☑ The Commissioner is hereby | dy been authorized to charge fees in this punt. authorized to charge any fees which may be required, o Deposit Account Number <u>04-1928</u> . | | | | |
| 1 | assignee of record of the entire interest. See 37 CFR 3.71 | | | | | |
| | Statement under 37 CF | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). | | | | |
| | attorney or agent of reco | | | | | |
| | attorney or agent under | | | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | | | | |
| | WARNING: Information on this for included on this form. Provide of | | | | not be | |
| | Dec. 20, 2008 Date | | - | Signature | | |
| ١ | | | ıy | ped or printed name | | |
| | NOTE: Signatures of all the inventors or assig multiple forms if more than one signature is requ | | tire interest or their rep | presentative(s) are requir | red. Submit | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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forms are submitted.

☐ *Total of _

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